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UNCLAS SECTION 01 OF 02 KAMPALA 000976

DEPT FOR PRM/PIM (BGRIFIN)

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SUBJECT: INFORMATION ON UNFPA COUNTRY PROGRAMS - UGANDA

REF: STATE 81654

¶1. (U) Per reftel request, U.S. Mission Uganda comments on the UNFPA Country Program 2010-14 follow below.

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Host Government Buy-in and Coordination  
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¶2. (SBU) Political support for family planning programs in Uganda is concentrated among a few key champions, the majority of which work at the Population Secretariat of the Ministry of Finance, Planning, and Economic Development. While the Ministry of Health also has acknowledged the important role that family planning plays in securing the health of Uganda's population, mothers and children in particular, there appears to be a lack of will and/or capacity to take the steps necessary to address the problem. Although many of the right policies are in place - owing to the work of UNFPA and USAID - for the most part they have not been adequately disseminated or implemented. Financial commitments from the government also are lacking; UNFPA has stepped in to fill this void and provides a substantial portion of the budget of the Ministry of Health's Reproductive Health Unit. Despite this challenging environment, UNFPA has ensured that the GOU has been engaged in the development of their program and that their program is coordinated with the GOU's own efforts. UNFPA has been active in supporting the integration of family planning and reproductive health into the implementation of the Peace, Recovery, and Development Plan for Northern Uganda, and in addition is working to improve family planning services in 12 other districts across Uganda. UNFPA also has been a critical partner of USAID in efforts to advocate for greater GOU commitment to family planning and in the procurement of contraceptive supplies for the public sector.

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Technical Matters  
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¶3. (U) UNFPA's proposed program aligns well with the efforts of USAID and other donors and the NGO community, and also with the GOU's poverty eradication and national development plans. It places appropriate emphasis on strengthening reproductive health systems, improving the enabling environment, and addressing issues of gender equality, including gender-based violence. The program sets out ambitious goals for increases in contraceptive prevalence and reductions in unmet need.

¶4. (U) Despite UNFPA's continued commitment to ensuring the security of the contraceptive supply and past financial support for commodity procurement, the program does not explicitly address the issue of commodity procurement or what level of resources will be devoted to it. Contraceptive supply needs are projected to increase substantially as efforts to reduce unmet need are intensified, and commodity procurement will represent an increasing share of UNFPA's and USAID's budgets. Given that, it appears unlikely that the funding available is sufficient to cover the entire proposed

program; yet, the program does not include a plan for expanding the donor base. Although one of the objectives of the program, and of the donor community more broadly, is to increase the GOU's budget allocation for and expenditure on contraceptives, in light of the limited commitment of the government to family planning generally, it seems imprudent to assume that such allocations will be forthcoming. The budgetary implications of promoting implants as the primary long-term method also must be seriously considered given their high cost relative to the IUD. Moreover, UNFPA's performance in shipping commodities on time must be improved to prevent central-level stock-outs of contraceptives and the monitoring and evaluation plan should include an indicator for tracking stock-outs of contraceptive commodities. An indicator is suggested for monitoring contraceptive availability at the facility level and could serve as a proxy for commodity security, however, it is too narrow as it is currently defined-it measures only the percentage of facilities providing at least three types of modern methods. According to the 2007 Service Provision Assessment conducted by Macro International, the vast majority of facilities already are providing three modern methods. Such an indicator, therefore, would not be useful for tracking additional progress in increasing the availability of a range of contraceptive methods. UNFPA should consider instead measuring the percentage of facilities providing at least 5 types of modern methods.

15. (U) The other main weakness of the program is the population and development component, which seems short on implementation and monitoring and evaluation to track implementation. One of the key output indicators for this area is that the National Population Council and the Population Secretariat are integrated into the institutional frameworks for national planning and review processes; however, this provides no sense of what such integration is meant to

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accomplish or means of measuring that in fact those objectives were achieved. It also is unclear how implementation of action plans and policies will be tracked at the district level, which is critical in Uganda's decentralized environment.

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